

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ADDRESS (number and street) ATTENTION: MARY ANN ROUSE
1000 BLYTHE BOULEVARD
 Check if different than previously reported. (ACC)
CHARLOTTE NC 28203-2861

2. **FEC IDENTIFICATION NUMBER** C00423871
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 04 2008 in the State of NC

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer Electronically Filed by Mary Ann Rouse Date 12 03 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only								
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		102620.76
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	95984.74									
(c) Total Receipts (from Line 19)	7343.74	54962.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	103328.48	157582.86								
7. Total Disbursements (from Line 31)	0.00	54254.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	103328.48	103328.48								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6494.52	43869.49
(i) Itemized (use Schedule A)	478.34	9345.31
(ii) Unitemized	6972.86	53214.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6972.86	53214.80
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	163.48
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	350.00	1350.00
17. Other Federal Receipts (Dividends, Interest, etc.)	20.88	233.82
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7343.74	54962.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7343.74	54962.10

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	54.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	54.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	54200.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	54254.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	54254.38

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6972.86	53214.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6972.86	53214.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	54.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	163.48
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-109.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Kathy Bailey		Date of Receipt
	Mailing Address P. O. Box 3176		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Morganton	NC	28680
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Carolinas HealthCare System		Occupation Healthcare Administrator	Transaction ID: SA11AI.6377
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Mr. George E Battle		Date of Receipt
	Mailing Address 11516 Fox Hill Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Charlotte	NC	28269
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer CarolinasHealthCareSystem		Occupation ATTY	Transaction ID: SA11AI.6257
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 229.24	<input type="text"/> 20.84
			Payroll Deduction \$20.84 monthly

C.	Full Name (Last, First, Middle Initial) Dr. Herbert L Bonkovsky		Date of Receipt
	Mailing Address 2214 Cumberland Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Charlotte	NC	28203
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer CarolinasHealthCareSystem		Occupation PHYS	Transaction ID: SA11AI.6270
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 550.00	<input type="text"/> 50.00
			Payroll Deduction \$50 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 320.84
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial)
Joseph Bowers

Mailing Address 5221 Amherst Trail Drive

City Charlotte State NC Zip Code 28226

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolinas HealthCare System Occupation Vice President

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 12 / 2008
Transaction ID: SA11AI.6375
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Jerry Bryson

Mailing Address 6503 Elfreda Road

City Charlotte State NC Zip Code 28270

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolinas HealthCare System Occupation Administrator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 31 / 2008
Transaction ID: SA11AI.6290
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Full Name (Last, First, Middle Initial)
Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City Mount Holly State NC Zip Code 28120

FEC ID number of contributing federal political committee. **C**

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 31 / 2008
Transaction ID: SA11AI.6268
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional) ► **291.68**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. Augie M Campanello	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Mailing Address 1900 Scott Avenue	Transaction ID: SA11AI.6265
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

B.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Mailing Address PO Box 550934	Transaction ID: SA11AI.6305
	City State Zip Code Gastonia NC 28055-0934	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$35 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

C.	Full Name (Last, First, Middle Initial) Paul Colavita	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Mailing Address 2501 Sedley Road	Transaction ID: SA11AI.6272
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation Carolinas HealthCare System Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	

SUBTOTAL of Receipts This Page (optional)	139.18
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) David Ellerbe	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 2610 Tanglewood Lane	Transaction ID: SA11AI.6275
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.24	

B.	Full Name (Last, First, Middle Initial) Leonard Feld	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 11310 Ballantyne Crossing Av	Transaction ID: SA11AI.6256
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.24	

C.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.6292
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: PHYS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 916.74	

SUBTOTAL of Receipts This Page (optional)	125.02
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC**

A.

Full Name (Last, First, Middle Initial)
Paul Franz

Mailing Address 1320 FILLMORE AVENUE #413

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
Occupation: Administrator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4583.37

Date of Receipt: 10 / 31 / 2008
Transaction ID: SA11AI.6258
Amount of Each Receipt this Period: 416.67
Payroll Deduction \$416.67 monthly

B.

Full Name (Last, First, Middle Initial)
Mr. Clark E Goodwin

Mailing Address 6028 Alexa Road

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt: 10 / 31 / 2008
Transaction ID: SA11AI.6287
Amount of Each Receipt this Period: 20.84
Payroll Deduction \$20.84 monthly

C.

Full Name (Last, First, Middle Initial)
Edith Miller Hall, MD

Mailing Address 1114 Belgrave Place

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
Occupation: Physician

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 11 / 13 / 2008
Transaction ID: SA11AI.6364
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **687.51**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) James B Hall, MD	Date of Receipt MM / DD / YYYY 11 / 13 / 2008
	Mailing Address 1114 Belgrave Place	Transaction ID: SA11AI.6362
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Janet Handy	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 8044 Silver Jade Drive	Transaction ID: SA11AI.6297
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 458.37	

C.	Full Name (Last, First, Middle Initial) Dr. Frank Harrison	Date of Receipt MM / DD / YYYY 11 / 19 / 2008
	Mailing Address 3741 Hearthstone Court	Transaction ID: SA11AI.6371
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	541.67
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. Thomas E Hassett	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 7733 Compton Court	Transaction ID: SA11AI.6296
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer CarolinasHealthCareSystem Occupation ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 458.37	

B.	Full Name (Last, First, Middle Initial) Dr. Robert V Higgins	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 7112 Fairway Vista Drive	Transaction ID: SA11AI.6294
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer CarolinasHealthCareSystem Occupation PHYS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) Kent C Holtzmuller, MD	Date of Receipt MM / DD / YYYY 11 / 12 / 2008
	Mailing Address PO Box 220248	Transaction ID: SA11AI.6379
	City State Zip Code Charlotte NC 28222	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Carolinas HealthCare System Occupation Physician Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	316.67
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Christopher Hummer	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 6935 N Bury Lane #1415	Transaction ID: SA11AI.6300
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.24	

B.	Full Name (Last, First, Middle Initial) Mr. W. Christopher Johnson	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 445 Forest Hill Circle	Transaction ID: SA11AI.6278
	City State Zip Code Rutherfordton NC 28139	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.24	

C.	Full Name (Last, First, Middle Initial) Robert Keener	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 625 Club Drive	Transaction ID: SA11AI.6288
	City State Zip Code Stanley NC 28164	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	66.68
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Scott Kerr	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 2027 Ferncliff Road	Transaction ID: SA11AI.6266
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Mr. John J Knox	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 6530 Boykin Spaniel Road	Transaction ID: SA11AI.6291
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 458.37	

C.	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 5234 Lancelot Drive	Transaction ID: SA11AI.6281
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.24	

SUBTOTAL of Receipts This Page (optional)	87.51
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC**

A. Full Name (Last, First, Middle Initial)
Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 916.74

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.6301

Amount of Each Receipt this Period
 83.34

Payroll Deduction \$83.34
 monthly

B. Full Name (Last, First, Middle Initial)
Donna Lockhart

Mailing Address 5523 Challis View Lane

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Carolinas HealthCare System Administrator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 229.24

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.6284

Amount of Each Receipt this Period
 20.84

Payroll Deduction \$20.84
 monthly

C. Full Name (Last, First, Middle Initial)
Mr. James T McDeavitt

Mailing Address 826 Berkeley Avenue

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1833.37

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.6299

Amount of Each Receipt this Period
 166.67

Payroll Deduction \$166.67
 monthly

SUBTOTAL of Receipts This Page (optional) ► **270.85**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Dr. Charles P McKay		Date of Receipt
	Mailing Address 4735 Parview Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6279
Name of Employer CarolinasHealthCareSystem		Occupation PHYS	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 275.00	Payroll Deduction \$25 monthly

B.	Full Name (Last, First, Middle Initial) Mr. Russell W Moore		Date of Receipt
	Mailing Address 15731 Pine Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Huntersville	NC	28078
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6259
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.67
		<input type="text"/> 458.37	Payroll Deduction \$41.67 monthly

C.	Full Name (Last, First, Middle Initial) Scott Moroney		Date of Receipt
	Mailing Address 7255 Willow Brook Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Denver	NC	28037
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6295
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 275.00	Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 91.67
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) James Olsen	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 5900 Summerston Place	Transaction ID: SA11AI.6286
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00	

B.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 2028 Hopedale Avenue	Transaction ID: SA11AI.6267
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4400.00	

C.	Full Name (Last, First, Middle Initial) Mr. Roger A Ray	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 11029 Lederer Ave	Transaction ID: SA11AI.6255
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 333.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$333.34 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3333.40	

SUBTOTAL of Receipts This Page (optional)	833.34
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Lawrence Raymond	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 2539 Summerlake Road	Transaction ID: SA11AI.6274
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$50 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) F. Renfro	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 811 E Morehead Street Apt 3	Transaction ID: SA11AI.6298
	City State Zip Code Charlotte NC 28202	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$50 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) Kathy Rhyne	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 1001 Pier Point Drive	Transaction ID: SA11AI.6254
	City State Zip Code Belmont NC 28012	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.24	

SUBTOTAL of Receipts This Page (optional)	120.84
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Craig Richardville	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 17235 Glassfield Drive	Transaction ID: SA11AI.6262
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.24	

B.	Full Name (Last, First, Middle Initial) Francis Robicsek, MD	Date of Receipt MM / DD / YYYY 11 / 20 / 2008
	Mailing Address 2519 Richardson Drive	Transaction ID: SA11AI.6370
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Michael L Rose	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 6901 Foxglove Drive	Transaction ID: SA11AI.6293
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$200 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2200.00	

SUBTOTAL of Receipts This Page (optional)	720.84
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Ms. Virginia Ellen Sheppard	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 5345 Hillingdon Road	Transaction ID: SA11AI.6282
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

B.	Full Name (Last, First, Middle Initial) Ronald Smidt	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address P O Box 901	Transaction ID: SA11AI.6303
	City State Zip Code Troutman NC 28166	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$30 monthly
	Name of Employer Occupation Carolinas HealthCare System Administrator	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.	Full Name (Last, First, Middle Initial) Jody Stock	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 3466 Blue Jay Path	Transaction ID: SA11AI.6276
	City State Zip Code Fort Mill SC 29708	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation Carolinas HealthCare System Administrator	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

SUBTOTAL of Receipts This Page (optional)	71.68
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) John Sullivan	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 1722 Bellamy Circle	Transaction ID: SA11AI.6261
	City State Zip Code Albermarle NC 28001	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation Carolinan HealthCare System Health Administrator	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

B.	Full Name (Last, First, Middle Initial) Michael Tarwater	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 2137 Dilworth Road East	Transaction ID: SA11AI.6269
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer Occupation Carolinan HealthCare System CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	

C.	Full Name (Last, First, Middle Initial) Dr. Alan Thalinger	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 2524 Flint Grove Road	Transaction ID: SA11AI.6273
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation Carolinan HealthCare System Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

SUBTOTAL of Receipts This Page (optional)	441.68
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC**

A.	Full Name (Last, First, Middle Initial) David Thomas	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 1609 Penderlea Lane	Transaction ID: SA11AI.6260
	City State Zip Code Matthews NC 28105	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$21 monthly
	Name of Employer Occupation Carolinas HealthCare System Accountant	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

B.	Full Name (Last, First, Middle Initial) Ms. Laura J Thomas	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 5019 Jarrell Court	Transaction ID: SA11AI.6280
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

C.	Full Name (Last, First, Middle Initial) Dennie Underwood	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 18324 Turnberry Court	Transaction ID: SA11AI.6264
	City State Zip Code Davidson NC 28036	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation Carolinas HealthCare System Administrator	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	

SUBTOTAL of Receipts This Page (optional)	83.51
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. Stephen L Wagner	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 4301 Morrowick Road	Transaction ID: SA11AI.6277
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 458.37	

B.	Full Name (Last, First, Middle Initial) Martha Whitecotton	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 9526 Greyson Ridge Drive	Transaction ID: SA11AI.6302
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 458.37	

C.	Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 6417 Seton House Lane	Transaction ID: SA11AI.6289
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 916.74	

SUBTOTAL of Receipts This Page (optional)	166.68
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Stephen Wilhoit	Date of Receipt MM / DD / YYYY 11 / 12 / 2008
	Mailing Address 5933 Deveron Drive	Transaction ID: SA11AI.6376
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Healthcare Executive Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 5522 Challis View Lane	Transaction ID: SA11AI.6283
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$150 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1650.00	

C.	Full Name (Last, First, Middle Initial) Warden L Woodard, MD	Date of Receipt MM / DD / YYYY 11 / 12 / 2008
	Mailing Address 207 Belle Meade Court	Transaction ID: SA11AI.6368
	City State Zip Code Waxhaw NC 28173	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 27	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC
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A.	Full Name (Last, First, Middle Initial) Valerie Woodard Campaign	Date of Receipt
	Mailing Address 5524 Sunfield Drive	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City State Zip Code Charlotte NC 28215	Transaction ID: SA16.6383
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="350.00"/>
	Name of Employer Occupation	Refund-Candidate Deceased
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="350.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 / 27	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC
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A.

Full Name (Last, First, Middle Initial) Wachovia Bank		Date of Receipt
Mailing Address 401 S. Tryon Street		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
City Charlotte	State NC	Zip Code 28288
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: SA17.6306
Name of Employer		Amount of Each Receipt this Period <input type="text" value="20.88"/>
Occupation		October 2008 Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="233.82"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="20.88"/>
TOTAL This Period (last page this line number only)	<input type="text" value="20.88"/>